MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/031794 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1						51			1			
2		1					52			1			
3		1					53			1			
4		1					54			1			
5		1					55			1			
6							56	1					
7		1					57			1			
8		1					58			1			
9		1					59			1			
10		1					60			1			
11		1					61		1				
12		1					62			1			
13		1					63			1			
14		1					64	1					
15		1					65		1				
16		1					66			1			
17		1					67			1			
18		1					68						
19		1					69						
20							70						
21							71			1			
22							72						
23		1					73						
24							74			1			
25							75			1			
26		1					76						
27							77						
28							78						
29							79						
30		1					80						
31		1					81						
32		1					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38		1					88						
39		1					89						
40							90						
41							91						
42		1					92			1			
43		1					93						
44							94						
45							95						
46		1					96						
47							97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	63					
TOTAL CL.							TOTAL CLAIMS	67					

PTO-1360 (5/79)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS